

UNITED STATES BANKRUPTCY COURT Northern District of Illinois		VOLUNTARY PETITION										
Name of Debtor (if individual, enter Last, First, Middle): Fuller, Lynda K.		Name of Joint Debtor (Spouse) (Last, First, Middle):										
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Chamberlain, Roath		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):										
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 1070		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):										
Street Address of Debtor (No. and Street, City, and State): 523 S. Dixon Ave. Dixon, IL 61021		Street Address of Joint Debtor (No. and Street, City, and State):										
County of Residence or of the Principal Place of Business: Lee		County of Residence or of the Principal Place of Business:										
Mailing Address of Debtor (if different from street address): P.O. Box 1017 Dixon, IL 61021		Mailing Address of Joint Debtor (if different from street address):										
Location of Principal Assets of Business Debtor (if different from street address above):												
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Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY										
Estimated Number of Creditors <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input checked="" type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> Over 100,000</td> </tr> </table>			<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
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Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s) Lynda K. Fuller	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: Northern District of Illinois	Case Number: 00881194	Date Filed: 05/05/2008	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue (Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)</p> <p><input checked="" type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <div style="text-align: center; margin-top: 10px;"> <p>Wendy Chupp</p> <p>_____ (Name of landlord that obtained judgment)</p> <p>2114 IL Route 26</p> <p>Dixon, IL 61021</p> <p>_____ (Address of landlord)</p> </div> <p><input checked="" type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input checked="" type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition

(This page must be completed and filed in every case.)

Document

Page 3 of 12
Name of Debtor(s):
Lynda K. Fuller

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Lynda K. Fuller
Signature of Debtor

X _____
Signature of Joint Debtor
779-861-3783
Telephone Number (if not represented by attorney)
03/30/2015
Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney*

X _____
Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Firm Name

Address

Telephone Number

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____
Signature

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Lynda K. Fuller
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

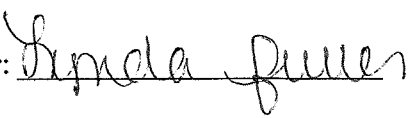
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: 

Date: 03/30/2015

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Fuller, Lynda K.
Debtor

Case No. _____

Chapter 7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed name and title, if any, of Bankruptcy Petition Preparer
Address:

X _____

Signature of Bankruptcy Petition Preparer or officer,
principal, responsible person, or partner whose Social
Security number is provided above.

Social Security number (If the bankruptcy petition
preparer is not an individual, state the Social Security
number of the officer, principal, responsible person, or
partner of the bankruptcy petition preparer.) (Required
by 11 U.S.C. § 110.)

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Lynda K. Fuller
Printed Name(s) of Debtor(s)

Case No. (if known) _____

X Lynda Fuller 03/30/2015
Signature of Debtor Date

X _____
Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

In re Lynda K. Fuller,
DebtorCase No. _____
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status: Divorce	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Tyler Schumacher, Paichens & Toryn Chamberlain	AGE(S): 17, 13, and 12
Employment:	DEBTOR	SPOUSE
Occupation	SSI - Disability	
Name of Employer		
How long employed	3 years	
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly)
2. Estimate monthly overtime

\$600.00

\$

\$0.00

\$

3. SUBTOTAL

\$600.00

\$

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$0.00

\$

\$0.00

\$

\$0.00

\$

\$0.00

\$

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$0.00

\$

6. TOTAL NET MONTHLY TAKE HOME PAY

\$0.00

\$

7. Regular income from operation of business or profession or farm
(Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for
the debtor's use or that of dependents listed above
11. Social security or government assistance
(Specify): SSI - Disability
12. Pension or retirement income
13. Other monthly income
(Specify): SSI - Disability for 17 year old son

\$0.00

\$

\$0.00

\$

\$0.00

\$

\$0.00

\$

\$733.00

\$

\$

\$

\$733.00

\$

14. SUBTOTAL OF LINES 7 THROUGH 13

\$1,466.00

\$

15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)

\$2,066.00

\$

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$2,066.00

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re Lynda K. Fuller,
DebtorCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 550.00
a. Are real estate taxes included? Yes _____ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes _____ No <input checked="" type="checkbox"/>	
2. Utilities: a. Electricity and heating fuel	\$ 300.00
b. Water and sewer	\$ 50.00
c. Telephone	\$ 200.00
d. Other <u>Cable/Internet Access and Trash Pick-Up</u>	\$ 190.00
3. Home maintenance (repairs and upkeep)	\$ 0.00
4. Food	\$ 400.00
5. Clothing	\$ 0.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 75.00
8. Transportation (not including car payments)	\$ 120.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 0.00
10. Charitable contributions	\$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ 0.00
b. Life	\$ 0.00
c. Health	\$ 0.00
d. Auto	\$ 185.00
e. Other _____	\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 491.00
b. Other _____	\$ 0.00
c. Other _____	\$ 0.00
14. Alimony, maintenance, and support paid to others	\$ 0.00
15. Payments for support of additional dependents not living at your home	\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ 0.00
17. Other _____	\$ 0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$2,611.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: I am hoping to find more affordable housing by applying for low income housing. This will also decrease my utility expenses as well.	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$2,066.00
b. Average monthly expenses from Line 18 above	\$2,611.00
c. Monthly net income (a. minus b.)	\$ -545.00

Wendy Chupp
2114 Il Route 26
Dixon IL 61021

Regional Acceptance Corp
P.O. Box 580075
Charlotte NC 28258-0075

A Tec Ambulance Inc
2404 Millennium Dr.
Elgin IL 60124

Account Liquidation
304 W. Water St.
Decorah IA 52101

Williams & Fudge Inc
300 Chatham Ave.
Rock Hill SC 29730-5395

Liberty University
1971 University Blvd.
Lynchburg VA 24515

Brundage Management Co
215 E. Travis, Ste. 3
San Antonio TX 78205

Frontier Communications Corp
104 N. Riverview Dr.
Bellevue IA 52031

First Collection Services
1092 Otter Creek East Blvd.
Mabelvale AR 72103-1661

AFNI Inc
P.O. Box 3097
Bloomington IL 61702

Acme Credit Services
1124 S. 8th St.
Springfield IL 62703

Capital One Bank USA
P.O. Box 30281
Salt lake City UT 84130

Convergent Outsourcing
P.O. Box 9004
Renton WA 98507

Comcast - Chicago
4851 N. Milwaukee Ave.
Chicago IL 60630

CenturyLink
P.O. Box 4300
Carol Stream IL 60197-4300

Nicor Gas Co
P.O. Box 5407
Carol Stream IL 60197-5407

First Premier
3820 N. Louise Ave.
Sioux Falls SD 57107

Swiss Colony II/Grand Pointe
1112 7th Ave.
Monroe WI 53566

HSBC Bank
P.O. Box 9
Buffalo NY 14240

National Account Services
1246 W. University Ave. #421

St. Paul MN 55104-4101

Payliance

3 Easton Oval, Ste. 310
Columbus OH 43219

Northwest Collectors

3601 Algonquin Rd., Ste 232
Rolling Meadows IL 6008-3126

RRCA Accounts Management

201 E. 3rd St.
Sterling IL 61081

Warner Family Chiropractic

1125 N. Galena Ave.
Dixon IL 61021

Now Care LLC

841 N. Galena Ave. #200
Dixon IL 61021

Service Plus Credit Union

485 42nd Ave.
East Moline IL 61244-4040

Sun Loan Company

4437 Ave. of the Cities #3
Moline IL 61265

Allstate Indemnity Company

Processing Center
P.O. Box 55126
Boston MA 02205-5126

Credit Collection Services

Two Wells Ave.
Newton MA 02459

Speedy Cash
Customer Relations
P.O. Box 780408
Witchita KS 67278-0408

Pioneer Credit Recovery Inc
P.O. Box 3116
Lake City FL 32056-3116

QVC
P.O. Box 2254
West Chester PA 19380